

P 200101Z JUN 08
FM SECSTATE WASHDC
TO AMEMBASSY BERLIN PRIORITY
AMEMBASSY MOSCOW PRIORITY
AMEMBASSY OTTAWA PRIORITY
AMEMBASSY PARIS PRIORITY
AMEMBASSY ROME PRIORITY
INFO USMISSION GENEVA PRIORITY
USEU BRUSSELS PRIORITY

UNCLAS STATE 066363

E.O. 12958: N/A

TAGS: [CA](#) [EU](#) [FR](#) [GM](#) [IT](#) [PREL](#) [RS](#) [SENV](#) [TBIO](#) [WHO](#)
SUBJECT: G-8 HEALTH INITIATIVES DEMARCHE

¶1. This is an action request. See paragraphs 5-6.

¶2. SUMMARY. During his trip to Europe, the President emphasized the importance of G-8 members following through on pledges on health assistance made at past G-8 summits. The President also asked for our partners' support for new G-8 initiatives on neglected tropical diseases (NTDs) and training health workers. The U.S.-EU Summit declaration endorsed work on both NTDs and health worker training, but France, Germany, Italy and Canada have been skeptical about these initiatives. The U.S. Sherpa and Foreign Affairs Sous Sherpa will continue negotiations on the G-8 Summit texts at a meeting beginning June 24 in Japan. In order to achieve our goals at the G-8 Summit, Department requests that Ambassadors or DCMs reach out to the appropriate Foreign Affairs and Development Ministry officials to encourage their support for our health-related priorities for the 2008 G-8. Posts are requested to report initial replies by COB Monday, June 24 and should follow-up, as needed. END SUMMARY

HEALTH PRIORITIES AT THE 2008 G-8 IN TOKYO

¶3. The U.S. has three major goals for the health section of the G-8 Development and Africa Declaration: to demonstrate accountability for past G-8 commitments, to support at least eight partner countries to increase their number of health workers, and to alleviate the suffering caused by the seven neglected tropical diseases (NTDs) that can be treated by mass drug administration: Lymphatic filariasis, onchocerciasis, schistosomiasis, trachoma, hookworm, roundworm, and whipworm.

¶4. The G-8 acceptance of the U.S. goals has been mixed. While all members agree that the G-8 should deliver on its past health commitments, there is continued reluctance to demonstrate how each of our countries and the European Commission is following through on past commitments. With regard to health worker training all members agree that it is important to increase the number of health workers in Africa, but there is reluctance to commit to specific targets for the G-8 to assist partner countries to meet. With regard to NTDs, the G-8 experts have agreed that "efforts to control or eliminate NTDs need to be reinvigorated." However, there is as yet no G-8 consensus on addressing specifically the seven NTDs that can be controlled, or in some cases eliminated, through mass drug administration per the President's NTD Initiative. The recent U.S.-EU Summit declaration committed European Union Member States and the United States to join together to combat NTDs and to increase the number of health workers. We believe that these commitments should be pursued by making specific commitments in the G-8.

ACTION REQUEST

¶5. To achieve our goals at the G-8 Summit, Department requests that Ambassadors or DCMs in G-8 countries draw from the background points in paragraph 7 and reach out to the

appropriate Foreign Affairs and Development Ministry officials to reiterate the U.S. health-related priorities for the 2008 G-8 and advocate for their support.

¶6. Posts are requested to report initial replies no later than COB Monday, June 24, slugging reply cables to Tierra Copeland, OES. Additional details and a fact sheet about NTDs and the President's announcement can be found at www.usaid.gov/press/factsheets/2008/fs080222.html and www.whitehouse.gov/news/releases/2008/02/2008_0220.html. Should post require additional guidance please contact Tierra Copeland (copelandtl@state.gov) in the Bureau of Oceans, Environment and Science, Office of International Health and Biodefense. The Department greatly appreciates post efforts.

BACKGROUND POINTS

¶7. In making their approaches, Ambassadors or DCMs should draw upon the following background information:

--- During his visit to Europe, President Bush stressed the importance of all G-8 members following through on past commitments, including on health. He also raised U.S. G-8 proposals on NTDs and training health workers. The President strongly believes that the G-8 must do more to help people needlessly dying in Africa.

--- First, to maintain G-8 credibility, the G-8 need to build on progress from prior G-8 Summits and ensure follow-through on their commitments, including the specific commitments they made at Heiligendamm on HIV/AIDS, TB, malaria, and polio. There is, however, no mechanism to monitor performance or ensure accountability.

--- Second, we believe the G-8 should take specific steps to help interested partner countries such as Ethiopia and Mozambique address the severe shortage of trained health care workers.

--- Our proposal is that the G-8 join us in helping to support at least eight partner countries to train additional health workers, as they work toward the WHO goal of 2.3 health workers per 1,000 persons.

--- We are open to your ideas on the number of countries. The United States and UK have already announced plans to work in four countries - Ethiopia, Mozambique, Kenya, and Zambia. Specific targets are critical to ensure measurable outcomes. We have been surprised by the reluctance of some to accept mentioning the WHO target of 2.3 health workers per 1000 people as a goal.

--- Third, we have proposed that the G-8 take up the challenge that WHO Director General Chan delivered at the World Health Assembly to help the approximately one billion people who suffer from NTDs: "We now see a whole spectrum of opportunities that have converged in a most harmonious way. Safe and powerful drugs are being donated or made available at very low cost. Integrated approaches have been devised for tackling several diseases at once(With a comparatively modest, time-limited financial push, many of these diseases can be controlled by 2015. Some can even be eliminated by that date."

--- We believe an appropriate and achievable target would be to work to reach at least 75% of the people affected by seven major NTDs in the most affected countries in Africa, Asia, and Latin America.

--- We and the WHO agree that there are seven NTDs that can be controlled, or in some cases eliminated, if the G-8 and other donors come together. The President announced in February an initiative to make a total of \$350 million available over five years to provide integrated treatment of these seven NTDs to more than 300 million people in the most affected countries in Africa, Asia, and Latin America.

--- We hope you will be supportive of these initiatives, and we look forward to working together on this in the final rounds of negotiations and at the Summit itself in July.

ADDITIONAL BACKGROUND INFORMATION

¶8. Posts may want to draw from the following background points on the need for accountability to past G-8 commitments, as appropriate.

--- The Global Fund Board recently approved a decision to launch a 9th Round of financing at the end of 2008, as part of an effort to accelerate the response to the diseases. Now G-8 countries need to support bilateral and multilateral technical assistance to affected countries to stimulate quality demand through the development of technically-sound grant proposals, in accordance with the Fund's model of country-led, performance-based funding.

--- Provision of technical assistance for the development of strong national strategies and plans will be essential if the G-8 countries are to meet their Heiligendamm pledge to commit \$60 billion in aid for health. The USG is working in many countries to support Global Fund proposal development, and all G-8 countries should undertake similar efforts.

¶9. Posts may want to draw from the following background points on the health workers proposal, as appropriate.

--- There is a severe shortage of trained health care workers in many developing countries, especially in Africa. In Mozambique, for example, there are around 600 doctors for a population of approximately 20 million people. Mozambique and many other countries fall short of the WHO goal of at least 2.3 health workers per 1,000 people.

--- On April 17, 2008 the U.S. and UK released a joint announcement committing to work together on health systems including health workforce development. We are demonstrating this commitment in Ethiopia, Kenya, Mozambique, and Zambia. In these four countries the UK is planning to spend at least \$420 million on health, including the health workforce, over the next three years, and the U.S. is planning to invest at least \$1.2 billion over five years on health workforce development.

¶10. Posts may want to draw from the following background points on the Neglected Tropical Disease Initiative, as appropriate.

--- Approximately one billion people, mostly in the developing world, suffer from one or more NTDs. Most of these diseases blind, deform, or debilitate their victims. They can reduce school enrollment, diminish childhood growth and cognitive development, and reduce economic productivity in adults.

--- On February 20, 2008, President Bush announced an initiative to make a total of \$350 million available over five years to provide integrated treatment of seven major NTDs to more than 300 million people in the most affected countries in Africa, Asia, and Latin America. This investment increases the United States' commitment to NTDs from \$15 million in 2008 and will expand the targeted number of countries from 10 in 2008 to approximately 30 by 2013.

--- Treating the millions of people that suffer from NTDs will bolster child development, promote educational achievement, and contribute to poverty reduction. Interventions in fighting these diseases promise large economic payoffs as they improve educational outcomes and worker productivity.

--- In her address to the 61st World Health Assembly (WHA) on May 19, 2008, WHO Director-General Margaret Chan called on

all donor countries, particularly the G-8, to support President Bush's NTD initiative so it can be funded at \$1 billion. Based on WHO estimates, \$1 billion would be required to reach at least 75 percent of the people affected by these seven major NTDs, in order to enable an 80-90% reduction from the current burden, with elimination of some of the diseases after sustained treatment of 3-5 years.

RICE